

STATE OF WASHINGTON

DEPARTMENT OF FINANCIAL INSTITUTIONS

DIVISION OF CONSUMER SERVICES

P.O. Box 41200 ◆ Olympia, Washington 98504-1200

Telephone (360) 902-8703 ◆ TDD (360) 664-8126 ◆ FAX (360) 664-2258 ◆ http://www.dfi.wa.gov

CONSUMER LOAN OFFICE CLOSURE/LICENSE SURRENDER FORM

INSTRUCTIONS FOR CLOSURE OF AN OFFICE OR CESSATION OF WASHINGTON BUSINESS:

- Books and records must be accessible to DFI (in Washington state, unless special permission has been granted to maintain records outside the state of Washington) in compliance with RCW 31.04.155 and WAC 208-620-050. Written notice must be sent to DFI informing change of location or custodian of records.
- 2. Surrender the original Consumer Loan license issued to this location.
- 3. Complete the Annual Assessment Worksheet (attached) and enclose your check payable to the "Washington State Treasurer" {Note: this requirement does not apply to branch-only closures} {See WAC 208-620-220(2) for authority.}

PLEASE CHECK APPLICA	BLE BOX:	AIN OFFICE	⊠BRANCH C	FFICE	
EFFECTIVE DATE OF CLOS	URE / SURRENDER			_	
CONSUMER LOAN COMP	ANY NAME:				
TRADE NAME		LICEN	NSE NUMBER_		
PHYSICAL ADDRESS: Of location closing					
	City	County		State	Zip
CUSTODIAN OF RECORDS	S :				
in accordance with RCW 31.04.155	Last Name		First		Middle
MAILING ADDRESS:					
	City	County		State	Zip
	Phone	Fax			e-mail address
	re of Custodian of Records o	accepting responsibili	ty and promising to c	comply with	h RCW/WAC cited here
LOCATION OF RECORDS	:				
PHYSICAL ADDRESS:	<u>-</u>				
	City	County		State	Zip

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